

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 595604

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/					51					
2		1			1			52					
3		2			1			53					
4		2			1			54					
5		①			1			55					
6		①			1			56					
7		①			1			57					
8		①			1			58					
9		①			1			59					
10		②			1			60					
11		①			1			61					
12		①			1			62					
13		①			1			63					
14		①			1			64					
15		①			1			65					
16	1				1			66					
17		1			1			67					
18		2			1			68					
19		2			1			69					
20		①			1			70					
21	1				1			71					
22	1				1			72					
23		1			1			73					
24		1			1			74					
25		1			1			75					
26		1			1			76					
27		1			1			77					
28		5			1			78					
29		5			1			79					
30		②			1			80					
31		①			1			81					
32		①			1			82					
33		①			1			83					
34		①			1			84					
35		①			1			85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4		↓	4		↓							
TOTAL DEP.	43	←		31	←		←						↓
TOTAL CLAIMS	47	[REDACTED]		35	[REDACTED]								←